

PROGRAM VIOLATION NOTICE

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Name	Date Notice Mailed		
Social Security Number (SSN)	Case Number		
Address	City	State	Zip Code

We believe you received Wisconsin Works (W-2) payments to which you were not entitled by:

- a) intentionally making a false or misleading statement;
- b) intentionally misrepresenting or withholding facts;
- c) committing an act intending to mislead, misrepresent or withhold facts.

Period in which you received W-2 payments incorrectly: ____ / ____ / ____ to ____ / ____ / ____ . Amount of overpayment: \$ _____

We believe you received Child Care Assistance to which you were not entitled by:

- a) intentionally making a false or misleading statement;
- b) intentionally misrepresenting or withholding facts;
- c) committing an act intending to mislead, misrepresent or withhold facts.

Period in which you received Child Care incorrectly: ____ / ____ / ____ to ____ / ____ / ____ . Amount of overpayment: \$ _____

We believe you received Aid to Families with Dependent Children (AFDC) payments to which you were not entitled by:

- a) intentionally making a false or misleading statement;
- b) intentionally misrepresenting or withholding facts;
- c) committing an act intending to mislead, misrepresent or withhold facts.

Period in which you received AFDC incorrectly: ____ / ____ / ____ to ____ / ____ / ____ . Amount of overpayment: \$ _____

We have determined that you intentionally violated a Food Stamp Program rule by:

- a) Misrepresenting program eligibility to receive (or attempted to receive) FS benefits not entitled,
- b) Engaged in trafficking or fraudulent use of the FS benefits.

Period in which you received Food Stamps incorrectly: ____ / ____ / ____ to ____ / ____ / ____ . Amount of overissuance: \$ _____

The specific alleged violation is:

The following evidence supports this allegation:

You must contact your W-2, county, tribal human/social services agency within ten (10) days of the postmark on this Notice's envelope to make an appointment to resolve this problem.

Agency Representative:	Telephone: ()
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Copies to: Participant, Case Record